



**Town of Acton**  
**Department of Public Health**  
472 Main Street, Acton, MA 01720  
Phone: (978) 929-6632 Fax: (978) 929-6340  
www.acton-ma.gov

**ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

Facility Name: Acton Auto Supply Date 4/3/2014  
Address: 157 Great Road  
Type of Business: Auto supply  
Telephone: 978-263-9303 Email: Worldautosupplyma@gmail.com  
Contact Person: Trevor Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	<input checked="" type="checkbox"/>		
Spills present		<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>		
Materials and wastes separate	<input checked="" type="checkbox"/>		
Cleanup materials available	<input checked="" type="checkbox"/>		
Materials have secondary containment	<input checked="" type="checkbox"/>		
Materials and wastes are labeled	<input checked="" type="checkbox"/>		
Safety:			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>		
Employee personal protective equipment on site		<input checked="" type="checkbox"/>	
Employees trained in Haz Mat handling		<input checked="" type="checkbox"/>	
Emergency procedures posted		<input checked="" type="checkbox"/>	
Site Management:			
Waste removed by licensed hauler	<input checked="" type="checkbox"/>		Clean Harbors
Floor drains present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Sinks present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Testing of septic system necessary		<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>		
Any UST (underground storage tank) present		<input checked="" type="checkbox"/>	
If UST present, is it alarmed		<input checked="" type="checkbox"/>	

**Action Items:**

1. \_\_\_\_\_
2. Please pay for 2013 permit
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Re-inspection required? Yes ☐ No ☒

Re-inspection Date: \_\_\_\_\_

Inspector Signature

Date

Facility Representative Signature

Date

D.H. 4/3/14

TOWN OF ACTON  
HAZARDOUS MATERIALS CONTROL  
ANNUAL PERMIT APPLICATION



Site Address	Mailing Address
<b>Acton Auto Supply</b> <del>21 Great Road</del> 81B 157 GREAT RD Acton, MA 01720	157 Great Road Acton, MA 01720
Category: 11, 13, , ,	Fee: \$ 205

**Hazardous Materials Permitting Categories (Renewal)**

- |   |  |
|---|--|
| 1. Hazardous Waste Generator (\$65)       | 2. Small Hazardous Waste Generator (\$45)  |
| 3. Hazardous Materials Generator (\$65)   | 4. Hazardous Materials User (\$45)         |
| 5. Discharge Permit (\$140)               | 6. Remediation Permit (\$140)              |
| 7. Hazardous Waste User (\$65)            | 8. Haz. Mat. Storer Large Industry (\$235) |
| 9. Haz. Mat. Storer Small Industry (160)  | 10. Haz. Mat. Storer Large Retail (\$170)  |
| 11. Haz. Mat. Storer Small Retail (\$140) | 12. Haz. Waste Storer Industry (\$65)      |
| 13. Haz. Waste Storer Retail (\$45)       |  |

- Are MSDS's readily available on-site? Yes ☒ No ☐
- Is employee personal protective equipment available on site? Yes ☒ No ☐
- Are emergency procedures posted? Yes ☒ No ☐
- Do all hazardous materials have 110% secondary containment? Yes ☒ No ☐
- Are all materials and wastes clearly labeled? Yes ☒ No ☐
- Are spill cleanup materials available? Yes ☒ No ☐
- Do you have a copy of the Hazardous Materials Control Bylaw on site? Yes ☐ No ☐
- Are you contracting with a DEP licensed waste hauler (if applicable)? Yes ☒ No ☐

Name of hauler: Clean Harbor

Address of hauler: \_\_\_\_\_

- Can you provide copies of waste shipping manifests if necessary? Yes ☒ No ☐

10. Contact person for the site is Trevor Donnell

I hereby certify on behalf of Acton Auto Supply the applicant for a permit or permit renewal from the Acton Board of Health pursuant to Chapter I of the Town of Acton General By-laws (the "Permit Application") that (a) the information contained in the Permit Application is true, accurate and complete, and (b) the facility located/operating at the above noted site address, Acton, MA and that is the subject of the Permit Application complies with the requirements for Approval of Hazardous Material Waste and Special Waste Permits as defined in section 3.5 of Chapter I of the Town of Acton General By-laws, Hazardous Materials Control, as amended.

Mancy Schneider  
 Office Manager  
 World Auto Supply  
 Bedford, MA 01730

May 9, 2014  
 Date

### A. Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Chemical/Common Name	Max. Qty (at any one time)	Container Size (single largest container)	Location(s) (see section C)
Anti Freeze	55 gal. ____ lbs. ____ cu. ft.	X gal. ____ lbs. ____ cu. ft.	M
Windshield washer	100 gal. ____ lbs. ____ cu. ft.	X gal. ____ lbs. ____ cu. ft.	Q/M
Paints	25 gal. ____ lbs. ____ cu. ft.	X gal. ____ lbs. ____ cu. ft.	E
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

### B. Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

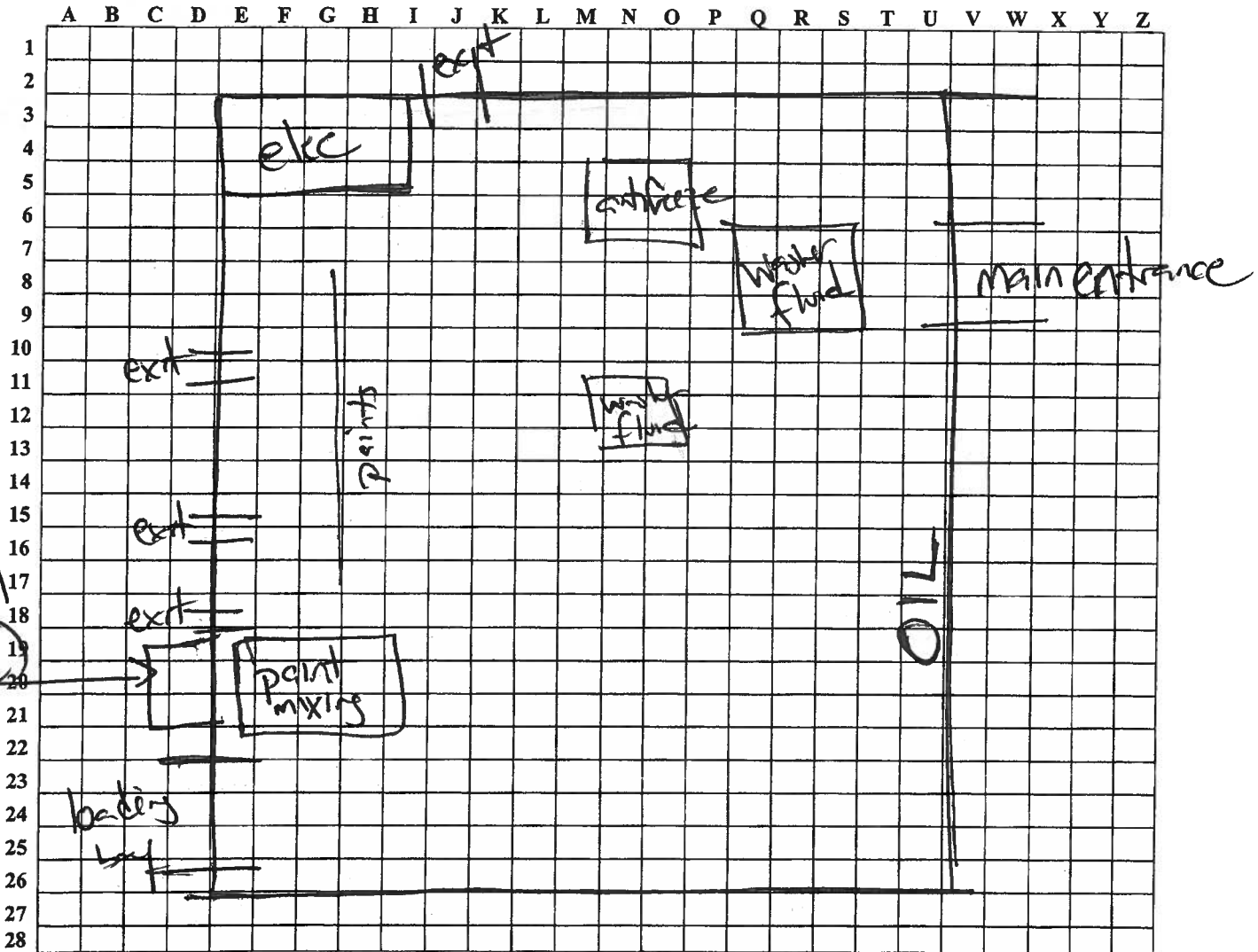
Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
Used oil	____ Recycled on-site. ____ Treated on-site. X Shipped off-site for recycling/ treatment /disposal	200 gal. ____ lbs. ____ cu. ft.	600 gal. ____ lbs. ____ cu. ft.	OUT- SIDE Shed
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

### C. Facility Site Plan/Storage Map

Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction • Street(s) adjacent to facility • Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

Site Address: 155 Great Rd City: Acton  
 Date Map Drawn: 5-9-14



### D. Endorsement

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

Owner/Operator's Name (Print)

Owner/Operator's Signature

Date

----- Do Not Complete below This Line -----